_	``											(5) X	
	PATEN	TA	PPLICAT Effect	ION FEE I	DET nber	ERMINA 10, 1998	ΠΟΝ REC	OR		Application		Docket Nu	mber
			CLAIMS	AS FILED	- PA	NRT I				L ENTITY		OTU:	
Ļ	(Column 1) (Column 2) FOR NUMBER EU EO AN MASS SYTOM										01		R THAN LENTIT
_	UR		NUM	NUMBER FILED			NUMBER EXTRA			FEE	7	RATE	FEE
В	ASIC FEE						,	7		380.0		R	760.0
TOTAL CLAIMS				11 minus 20		0= • /		7	X\$ 9=			X\$18=	†
INDEPENDENT CLAIMS			IMS	minu	s 3 =	•	1	1	X39=	-	╣	'	+-
M	MULTIPLE DEPENDENT CLAIM PRESENT								A39=			X78=	╂-
• 1	f the differen	ni on	column 1 i	a loss than a				J	+130=	:	OF	+260=	11,
•	If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OF	TOTAL	7
				AMENDE							_		THAN
_	2 m. 1	:	(Column 1) CLAIMS			Column 2) Highest	(Column 3)	۱	SMALI	ENTITY	OR	SMALL	
AMENDMENT A			REMAINING AFTER AMENDMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI TIONA FEE
5	Total	ŀ		Minus	. **	20	- ه	+	X\$ 9=		OR	X\$18=	
¥	independent		/	Minus		3	8	H	X39=	 	1		
_	FIRST PRES	ENI	ATION OF N	IULTIPLE DE	PEND	ENT CLAIM]	-		OR		
		· ·							+130=		OR		
			Oak 41				•		TOTAL ADDIT: FEE		OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
THE WELL			REMAINING AFTER MENDMENT		PR	NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
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	FIRST PRES	EN I/	ATION OF M	ULTIPLE DEI	END	ENT CLAIM			+130=		OR OR		
	10-27-05 (Column 1) (Column 2) (Column 3)											TOTAL	
1	0/)/	((Column 1)		(Cc	olumn 2)	(Column 3)	A	DDIT. FEE		JO.,	ADDIT. FEE	
			CLAIMS EMAINING		Н	IGHEST UMBER		Г		ADDI-			4501
			AFTER MENDMENT		PRE	VIOUSLY ND FOR	PRESENT EXTRA	1	RATE	TIONAL FEE		RATE	ADDI- TIONAL
Ŀ	Total	Ŀ	12	Minus	**	20		r	X\$ 9=			X\$18=	FEE
Ľ	independent	ŀ	1_	Minus	***	3	•/	-			OR		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X39=		OR	X78=	-
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+130=		OR	+260=	
** 1	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT. FEE	
Th	ne 'Highest Num	ber F	reviously Paid	For (Total or	Indepe	ndent) is the	3, enter "3." righest number		DIT. FEE L I in the app	ropriate box	in cotu	оон. гее с мл 1,	
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	/98)		U.S. Governmen	d Printing Office: 19	100 — 41	9-072/19142	1	Patent	and Tradem	ank Office. U.S	DEPA	ATMENT OF	WINEDO